

# ***Supervised Visitation Contractor***\_\_\_\_\_

## **Attachment C-1: Project Budget October 1, 2007 – June 30, 2008**

<b>Budget Items</b>	<b>Proposed Amount</b>
<b>A. Personnel &amp; Salaries</b> (If more than 6 employees, attach others)	
(1)	
(2)	
(3)	
(4)	
(5) Total Salaries & Wages (add items 1 - 4)	
(6) Total Fringe Benefits & Taxes for all employees	
SUBTOTAL --TOTAL PERSONNEL (add items 5 & 6)	
<b>B. Operating Expenses</b>	
(9) Consumable Supplies	
(10) Equipment Purchases	
(11) Equipment Repair/Maintenance	
(12) Printing, Photocopying	
(13) Postage	
(14) Phone, Fax, Internet	
(15) Rent, Utilities, Lease	
(16) Insurance	
(17) Audit	
SUBTOTAL --TOTAL OPERATING EXPENSES (add items 9-17)	
<b>C. Travel/Transportation</b>	
(18) Mileage	
(19) Lodging & Per Diem	
(20) Other	
SUBTOTAL --TOTAL TRAVEL/TRANSPORT (add items 18-20)	
<b>D. Subcontracts</b>	
(21) Consultant/ Technical Assistance	
(22) Contracted Program Activities	
SUBTOTAL --TOTAL CONTRACTURAL (add items 21 + 22)	
<b>E. Program Expenses</b>	
(23) <i>Hard Services</i> for Clients	
(24) Materials	
(25) Other, specify	
SUBTOTAL --TOTAL PROGRAM EXPENSES (add items 23-25)	
<b>F. Miscellaneous</b>	
(26) Please specify:	
<b>G.TOTAL CONTRACT EXPENSES</b> (add all items )	

***SUPERVISED VISITATION SERVICES***

**Attachment C-2: Budget Narrative**

**October 1, 2007 – June 30, 2008**

**Personnel, Salaries, and Benefits**

**Operating Expenses**

**Travel/Transportation**

(Include estimated number of miles and mileage rate)

**Program Expenses**

**Subcontracts**

**Miscellaneous**

*IN HOME SERVICES*  
**Attachment C-3: Organizational Budget**  
**October 1, 2007 – June 30, 2008**

All Budget Items	Organizational Proposed Costs
<b>A. Personnel &amp; Salaries</b> (If more than 6 employees, attach others)	\$
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7) Total Salaries & Wages (add items 1 - 6)	
(8) Total Fringe Benefits & Taxes for all employees	
SUBTOTAL --TOTAL PERSONNEL (add items 7 & 8)	
<b>B. Operating Expenses</b>	
(9) Consumable Supplies	
(10) Equipment Purchases	
(11) Equipment Repair/Maintenance	
(12) Printing, Photocopying	
(13) Postage	
(14) Phone, Fax, Internet	
(15) Rent, Utilities, Lease	
(16) Insurance	
(17) Audit	
SUBTOTAL --TOTAL OPERATING EXPENSES (add items 9-17)	
<b>C. Travel/Transportation</b>	
(18) Mileage	
(19) Lodging & Per Diem	
(20) Other	
SUBTOTAL --TOTAL TRAVEL/TRANSPORT (add items 18-20)	
<b>D. Subcontracts</b>	
(21) Consultant/ Technical Assistance	
(22) Contracted Program Activities	
SUBTOTAL --TOTAL CONTRACTURAL (add items 21 + 22)	
<b>E. Program Expenses</b>	
(23) Hard Services	
(24) Materials	
(25) Other, specify	
SUBTOTAL --TOTAL PROGRAM EXPENSES (add items 23-25)	
<b>F. Miscellaneous</b>	
(26) Please specify:	
<b>G.TOTAL ORGANIZATIONAL – ALL EXPENSES</b> (add all items )	

***IN HOME SERVICES***  
**Attachment C-4: All Sources of Income**  
**October 1, 2007 – June 30, 2008**

[illegible]